Docket No. JBP 510

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Miri Seiberg, et al.

Serial No. : 09/621,565   Art Unit: 1615

Filed : July 21, 2000   Examiner: B. Fubara

For : REDUCING HAIR GROWTH, HAIR FOLLICLE AND HAIR SHAFT SIZE
       AND HAIR PIGMENTATION

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 9, 2005
(Date)

Andrea L. Colby, Reg. No. 30,194
Name of applicant, assignee, or Registered Representative

/Andrea L. Colby/
(Signature)

May 9, 2005
(Date of Signature)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This Amendment is respectfully submitted in conjunction with a Request for Continued Examination. This Amendment responds to the Final Rejection rendered in the above-identified patent application on February 8, 2005. Please amend the above-identified application as follows:

Listing of the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

05/11/2005 SSESHE1 00000017 100750 09621565
02 FC:1201   200.00 DA

Case Docket No.: JBP-510

In re application of   Miri Seiberg et al.

Serial No.   09/621,565

Filed: July 21, 2000

For: REDUCING HAIR GROWTH, HAIR FOLLICLE AND HAIR SHAFT SIZE AND HAIR PIGMENTATION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐   No additional fee is enclosed because this application was filed prior to October 25, 1965 (effective date of Public Law 89-83).

☐   No additional fee is required.

☒   One stamped, self-addressed postcard for the PTO Mail Room date stamp.

☐   Petition For Extension of Time and charge to Deposit Account of Appropriate Fee.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	minus	52	0	x $ 50	=$ 0.00
INDEP. CLAIMS	4	minus	3	1	x $200	=$ 84.00
MULT. DEP. CLAIMS	☐				$360	=$0.00
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			=$ 84.00

☒   Charge $84.00 to Deposit Account No. 10-0750/JBP510/ALC. Three copies of this sheet are enclosed.

☒   Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 10-0750/JBP510/ALC. Three copies of this sheet are enclosed.

/Andrea L. Colby/

Andrea L. Colby
Attorney of Record
Reg. No. 30,194

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933-7003
(732) 524-2792
May 9, 2005

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/621565

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	52 minus 20=	32
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
		345.00	OR		690.00
	X$ 9=		OR	X$18=	576
	X39=		OR	X78=	/
	+130=		OR	+260=	/
	TOTAL		OR	TOTAL	1266

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

Ⓐ 7/22/02

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	67	Minus	**	= 15
Independent	3	Minus	***	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	270·00
	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	270 00

9/29/04

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	22	Minus	** 67	= /
Independent	1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

5/9/05

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	Minus	** 67	= —
Independent	5	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X39=		OR	X78= 200	400
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	400

1201

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.